

tracking# 7011 2000 0001 0409 3761

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED

2014 JUL 14 AM 11:12

FEC MAIL CENTER

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

C r e a t i v e   S o l u t i o n s   i n   H e a l t h c a r e ,   I n c .   P A C ,   L L C

ADDRESS (number and street)

1 7 0 1   R i v e r   R u n ,   S u i t e   3 0 4

☐ Check if different  
than previously  
reported. (ACC)

F o r t   W o r t h

T X

7 6 1 0 7 -

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 0 0 5 1 3 1 9 2

3. IS THIS  
REPORT

☒ NEW  
(N)

OR

☐ AMENDED  
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)

☒ July 15  
Quarterly Report (Q2)

☐ October 15  
Quarterly Report (Q3)

☐ January 31  
Year-End Report (YE)

☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)

☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

☐ Feb 20 (M2)

☐ May 20 (M5)

☐ Aug 20 (M8)

☐ Nov 20 (M11)  
(Non-Election  
Year Only)

☐ Mar 20 (M3)

☐ Jun 20 (M6)

☐ Sep 20 (M9)

☐ Dec 20 (M12)  
(Non-Election  
Year Only)

☐ Apr 20 (M4)

☐ Jul 20 (M7)

☐ Oct 20 (M10)

☐ Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

☐ Primary (12P)

☐ General (12G)

☐ Runoff (12R)

☐ Convention (12C)

☐ Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the  
State of

MM / DD / YYYY

(d) 30-Day  
POST-Election  
Report for the:

☐ General (30G)

☐ Runoff (30R)

☐ Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the  
State of

MM / DD / YYYY

5. Covering Period

MM / DD / YYYY  
0 4 / 0 1 / 2 0 1 4

MM / DD / YYYY  
0 6 / 3 0 / 2 0 1 4

through

MM / DD / YYYY  
0 7 / 0 8 / 2 0 1 4

MM / DD / YYYY  
0 7 / 0 8 / 2 0 1 4

MM / DD / YYYY  
0 7 / 0 8 / 2 0 1 4

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Christopher Slimmer

Signature of Treasurer

Date

MM / DD / YYYY  
0 7 / 0 8 / 2 0 1 4

MM / DD / YYYY  
0 7 / 0 8 / 2 0 1 4

MM / DD / YYYY  
0 7 / 0 8 / 2 0 1 4

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

**FEC FORM 3X**

Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**Creative Solutions in Healthcare, Inc. PAC, LLC**

Report Covering the Period:

From:

MM / DD / YYYY  
0 4 / 0 1 / 2 0 1 4

To:

MM / DD / YYYY  
0 6 / 3 0 / 2 0 1 4

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand  
January 1,

YYYY  
2 0 1 4

YYYY  
0

(b) Cash on Hand at  
Beginning of Reporting Period.....

YYYY  
0

(c) Total Receipts (from Line 19).....

YYYY  
0

YYYY  
0

(d) Subtotal (add Lines 6(b) and  
6(c) for Column A and Lines  
6(a) and 6(c) for Column B).....

YYYY  
0

YYYY  
0

7. Total Disbursements (from Line 31).....

YYYY  
0

YYYY  
0

8. Cash on Hand at Close of  
Reporting Period  
(subtract Line 7 from Line 6(d)).....

YYYY  
0

YYYY  
0

9. Debts and Obligations Owed TO  
the Committee (Itemize all on  
Schedule C and/or Schedule D).....

YYYY  
0

10. Debts and Obligations Owed BY  
the Committee (Itemize all on  
Schedule C and/or Schedule D).....

YYYY  
0



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E-Street, NW  
Washington, DC-20463

Toll Free 800-424-9530  
Local 202-694-1100







**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:			PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Creative Solutions in Healthcare, Inc. PAC, LLC**

Full Name (Last, First, Middle Initial)

**A.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. ☐ C

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

/  /

Amount of Each Receipt this Period

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. ☐ C

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

/  /

Amount of Each Receipt this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. ☐ C

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

/  /

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0

0

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Creative Solutions in Healthcare, Inc. PAC, LLC**

Full Name (Last, First, Middle Initial)

**A.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Date of Disbursement

/  /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶

0

TOTAL This Period (last page this line number only).....▶

0

**SCHEDULE C (FEC Form 3X)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE      OF  
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

**Creative Solutions in Healthcare, Inc. PAC, LLC**

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

- ☐ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

% (apr)

☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

MM / DD / YYYY

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

MM / DD / YYYY

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

MM / DD / YYYY

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

MM / DD / YYYY

SUBTOTALS This Period This Page (optional).....

MM / DD / YYYY 0

TOTALS This Period (last page in this line only).....

MM / DD / YYYY 0

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



# SCHEDULE D (FEC Form 3X)

## DEBTS AND OBLIGATIONS

### Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE OF

FOR LINE NUMBER:  
(check only one)

9  
10

NAME OF COMMITTEE (In Full)

Creative Solutions in Healthcare, Inc. PAC, LLC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

 0

 0

 0

 0

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE **01** OF **01**  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Creative Solutions in Healthcare, Inc. PAC, LLC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C 0 0 5 1 3 1 9 2</b>
---	---

Check if ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		<span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>
City	State	Zip Code
Purpose of Expenditure		Amount
Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>		<span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Supported or Opposed by Expenditure:		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <span style="border: 1px solid black; padding: 2px;"> </span> District: <span style="border: 1px solid black; padding: 2px;"> </span>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;"> </span>		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <span style="border: 1px solid black; padding: 2px;"> </span>

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		<span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>
City	State	Zip Code
Purpose of Expenditure		Amount
Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>		<span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Supported or Opposed by Expenditure:		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <span style="border: 1px solid black; padding: 2px;"> </span> District: <span style="border: 1px solid black; padding: 2px;"> </span>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;"> </span>		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <span style="border: 1px solid black; padding: 2px;"> </span>

(a) SUBTOTAL of Itemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;"> </span> 0
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"> </span> 0
(c) TOTAL Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;"> </span> 0

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature   Date M M M / D D D / Y Y Y Y Y Y 0 7 / 0 8 / 2 0 1 4

Ft. Worth, TX 76107

2014 JUL 14 AM 11:12

REC MAIL CENTER

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

20463

# THE NEW MAIL™



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**040000**

**7060**

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**(8/2013)**